### FUND FOR THE IMPOVEMENT OF POSTSECONDARY EDUCATION

# EC-US Cooperation Program in Higher Education and Vocational Education and Training TITLE PAGE—FY 2003

This Application should be sent to:  No. 84.116J  U.S. Department of Education Application Control Center 7 <sup>th</sup> and D Streets, SW ROB-3, Room 3671 Washington, D.C. 20202-4725  3. Project Director (Name and Complete Mailing Address):	Application Number:      D-U-N-S Number:      Legal Applicant (Name and Address of Institution):
Tel: Fax:	
Email:	
5. Consortium Members: United States Partners: (Lead)	European Community Partners: (Lead)
(Partner)	(Partner)
(Partner)	(Partner)
Check applicable project format: ☐ Implementation ☐ 7. Brief Abstract of Proposal (Do not exceed this space):	Preparatory   Complementary Activities
8. Federal Funds Requested:  1 <sup>st</sup> year  2 <sup>nd</sup> year	9. Duration of Project: Starting Date
3 <sup>rd</sup> year	Ending Date
Total:	Total No. of Months
10. Population Directly Benefiting from the Project:	
11. Certification by Authorizing Official. The applicant cert application are true and correct and that the application has be	tifies to the best of his/her knowledge and belief that the data in this been duly authorized by the governing body of the applicant.
Name	Title
Signature Form No: ED 40-514 OMB No.: 1840-0636 Form Expires 02/29/2004	Date Phone

#### **Instructions for Completing Title Page (Form ED 40-514)**

**Paperwork Burden Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1840-0636. The time required to complete this information collection is estimated to average 30 hours per response including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of this time estimate or suggestions for improving this form, please write to: Joe Schubart, U.S. Department of Education, 7<sup>th</sup> and D Streets, SW ROB-3, Room 5624, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: FIPSE, 1990 K Street NW, 8<sup>th</sup> floor, Washington, DC, 20006-8544.

- **Item 1. Application Number:** Leave blank. An application number will be assigned to your proposal by the Application Control Center.
- **Item 2. D-U-N-S Number:** D-U-N-S numbers are assigned to institutions and organizations by Dun & Bradstreet. If you do not know your D-U-N-S Number, call the toll-free telephone number maintained by Dun & Bradstreet: 800-333-0505 (Monday Friday, 8:30 a.m. 6:00 p.m. ET).
- **Item 3. Project Director:** Enter the name and complete mailing address of the US Project Director. NOTE: Name and address listed here will be used to mail proposal status notifications and contact information for FIPSE staff. Be sure to include the telephone number, fax number, and email address.
- **Item 4. Legal Applicant:** Enter the name and complete mailing address of the non-profit institution or organization that will serve as the legal applicant and fiscal agent. When more than one institution or organization is involved, enter the name of the of the institution or organization responsible for budget control. Official notifications of grant awards are sent to this address.
- **Item 5. Consortium Information:** List all U.S. and European institutions and organizations in the consortium. In addition, please fill out the indentification forms that identify, for each partner institution, the project partner, the mailing address, telephone and fax numbers, and email address.
- **Item 6. Project Title:** Provide a one-line title for your project and check applicable project format.
- **Item 7. Brief Abstract of Proposal:** This description should be concise and confined to the space provided, but in no case should you leave this space blank.
- **Item 8. Federal Funds Requested:** Enter the amount of Federal funds being requested from FIPSE in the first, second, and third years of the project. Under "total" enter the cumulative amount requested for the life of the project.
- **Item 9. Duration of Project:** Enter the beginning date of the project. Enter the ending date and the total number of months covered.
- **Item 10. Population Directly Benefiting from the Project:** Please identify the number and type of students that are the focus of your collaborative by discipline or program of study.
- **Item 11. Certification by Authorizing Official:** Enter the name, title, and phone number of the official who has the authority both to commit the organization to accept Federal funding and to execute the proposed project. Submit the original signed copy of the authorizing official's signature.

**LEAD PARTNERS IDENTIFICATION FORM**Information provided in this form must be the same for EC and US applications

### **EC Project Coordinator:**

Last name, first name	
Name of institution/organization	
in the national language	
Name of institution/organization	
in English	
Department/Unit	
Type of institution/organization	
Function (or title)	
Street address	
Post code and town/city	
Country and region	
Phone (country and area code)	
Fax (country and area code)	
Email address	
US Project Coordinator	
US Project Coordinator:	
US Project Coordinator:  Last name, first name	
-	
Last name, first name	
Last name, first name  Name of institution/organization	
Last name, first name  Name of institution/organization  Department/Office	
Last name, first name  Name of institution/organization  Department/Office  Type of institution/organization  Function (or title)	
Last name, first name Name of institution/organization Department/Office Type of institution/organization Function (or title) Street address	
Last name, first name  Name of institution/organization  Department/Office  Type of institution/organization  Function (or title)	
Last name, first name  Name of institution/organization  Department/Office  Type of institution/organization  Function (or title)  Street address City/State/Zip code	

### EC PARTNERS IDENTIFICATION FORM

Information provided in this form must be the same for the EC and US applications

#### **Second EC Partner**:

Last name, first name

Name of institution/organization	
in the national language	
Name of institution/organization	
In English	
Department/Unit	
Type of institution/organization	
Function (or title)	
Street address	
Post code and town/city	
Country and region	
Phone (country and area code)	
Fax (country and area code)	
Email address	
Third EC Partner:	
Third EC Partner:  Last name, first name	
Last name, first name  Name of institution/organization in the national language	
Last name, first name  Name of institution/organization in the national language  Name of institution/organization	
Last name, first name  Name of institution/organization in the national language  Name of institution/organization In English	
Last name, first name  Name of institution/organization in the national language  Name of institution/organization	
Last name, first name  Name of institution/organization in the national language  Name of institution/organization In English	
Last name, first name  Name of institution/organization in the national language  Name of institution/organization In English  Department/Unit	
Last name, first name  Name of institution/organization in the national language  Name of institution/organization In English  Department/Unit  Type of institution/organization	
Last name, first name  Name of institution/organization in the national language  Name of institution/organization In English Department/Unit  Type of institution/organization  Function (or title)	
Last name, first name  Name of institution/organization in the national language  Name of institution/organization In English  Department/Unit  Type of institution/organization  Function (or title)  Street address	
Last name, first name  Name of institution/organization in the national language  Name of institution/organization In English  Department/Unit  Type of institution/organization  Function (or title)  Street address Post code and town/city	
Last name, first name  Name of institution/organization in the national language  Name of institution/organization In English Department/Unit  Type of institution/organization  Function (or title)  Street address Post code and town/city Country and region	
Last name, first name  Name of institution/organization in the national language  Name of institution/organization In English  Department/Unit  Type of institution/organization  Function (or title)  Street address  Post code and town/city  Country and region  Phone (country and area code)	

The same information must be given for each additional partner.

### US PARTNERS IDENTIFICATION FORM

Information provided in this form must be the same for the EC and US applications

#### **Second US Partner**:

Last name, first name	
Name of institution/organization	
Department/office	
Type of institution/organization	
Function (or title)	
Street address	
City/State/Zip code	
Phone (area code)	
Fax (area code)	
Email	
Third US Partner:	
Last name, first name	
Name of institution/organization	
Department/office	
Type of institution/organization	
Function (or title)	
Street address	
City/State/Zip code	
Phone (area code)	
Fax (area code)	
Email	

The same information must be given for each additional US partner.

### EC-US PROGRAM--BUDGET, FY 2003\*

Name of institution/organization				
Check one: Lead Partner/Consortia Budget (fiscal	agent)S	Subcontracting 1	Partner	
PROJECT FUNDS REQUESTED FROM F	IPSE			
A. Administrative Costs	YR 1	YR 2	YR 3	TOTAL
1. Salaries & Wages (professional and clerical)				
2. Benefits				
3. Travel (travel, teaching exchanges)				
4. Supplies				
5. Consultant/subcontracts				
6. Other (rental, communication, fees)				
Subtotal (1-6)				
B. Language Stipends ( students x \$1500)				
C. Mobility Stipends ( students x \$3000)				
D. Subtotal (A + B + C)				
E. Indirect Costs (8%)				
Total Requested from FIPSE (D + E) (These figures must appear on the title page)				
PROJECT FUNDS NOR REQUESTED FRO	OM FIPSE:			
Institutional Support				
Other Funding Sources				
FUNDS REQUESTED BY EUROPEAN PA	RTNERS			
Total Requested from European				

<sup>\*</sup>See separate instructions for lead partner and subcontracting partners.

#### 2003 EC-US Program---Instructions for Consortium Budget (US Lead Partner/Fiscal Agent).

The consortium budget lists totals for the US lead partner/fiscal agent plus the subcontracts. Enter amounts in whole dollars. You may add a budget narrative or worksheet for additional explanations, especially for travel and consultant/subcontracts.

Salaries and Wages: Enter totals for the US lead partner only.

**Benefits**: Enter totals for the US lead partner only.

Travel: Enter travel costs for the US lead partner only. There are three categories of travel—1) the annual program meeting for all projects (Europe or United States), 2) individual consortium meetings (Europe or Unites States), and 3) teaching exchanges in Europe at \$3000 per person. Determine travel costs (transportation, food, and lodging) for a minimum of one person from your institution/organization in the consortium for attending the annual program meeting. In 2003 the program meeting will be held in Europe, in 2004 in the United States, and in 2005 again in Europe. Travel funds for a second individual consortium meeting in the US or in Europe should also be submitted for each budget year. Typically a consortium meets twice in each year of the grant—once at the annual program meeting in the Fall and once at a separate meeting for the individual consortium. A minimum of one person from each partner institution/organization should attend each of the two meetings. Stipends for teaching exchanges (maximum \$3000 transportation and living expenses) must be listed under travel. The name of the person and location for the teaching exchange is not required. Travel costs for consultants must be listed under the consultant line.

**Supplies**: Enter total for the US lead partner only.

Consultant/subcontracts: Enter total for consulting and evaluation. The recommended consulting amount, including travel costs, for a consortium is \$5000 budgeted over three years. You may use a daily rate of \$350-\$500. Specify the number of days of service and the daily rate. One and two-year projects should budget accordingly. Consultant fees/travel are generally listed only on the US lead partner/fiscal agent budget. The total of the subcontracts for the US partners must be entered here.

**Other**: Enter totals for the US lead partner only.

Subtotal for administrative costs: Enter subtotals.

**Language stipends**: Enter the number of students from all partners who will be studying abroad and the minimum stipend amount (minimum 15 students at \$1500 each.) The minimum amount budgeted must be \$22,500 and may be used in years one, two, and three. This is a "training stipend" and is restricted to student use only. Unused funds in this line may only be used for additional mobility stipends. <u>Language stipends are entered only on the US lead partner/fiscal agent budget.</u>

**Mobility stipends**: Enter the number of students from all partners who will be studying abroad and the minimum stipend amount (minimum 15 students at \$3000 each.) The minimum amount budgeted must be \$45,000 and should be entered only for years two and three. This is a "training stipend" and is restricted to student use only. More mobility stipends may be requested but this will not increase the total amount of the grant. Mobility stipends are entered only on the US lead partner/fiscal agent budget.

**Subtotal of administrative costs and stipends**: Enter subtotal.

**Indirect Costs**: The U.S. Department of Education uses a training rate of 8% for grants in the EC-US Program. The 8% training rate applies to all partners in the consortium.

**Total requested from FIPSE**: Consortia totals may be up to \$25,000 for a Preparatory project, up to \$35,000/\$75,000 for a Complementary Activities project, and up to \$200,000 for an Implementation project

#### 2003 EC-US Program---Instructions for Budget Form (US Partner/Subcontracts)

A separate budget for each subcontracting US partner institution/organization must be submitted and the totals entered under the subcontractor line on the US lead partner budget. Enter amounts in whole dollars. You may add a budget narrative or worksheet for each subcontract budget or include all notes under the lead partner/fiscal agent budget.

Salaries and Wages: Enter the total amount for salaries and wages

**Benefits**: Enter the total amount of benefits.

Travel: There are three categories of travel—1) the annual program meeting for all projects (Europe or United States), 2) individual consortium meetings (Europe or Unites States), and 3) teaching exchanges in Europe at \$3000 per person. Determine travel costs (transportation, food, and lodging) for a minimum of one person from your institution/organization in the consortium for attending the annual program meeting. In 2003 the program meeting will be held in Europe, in 2004 in the United States, and in 2005 again in Europe. Travel funds for a second individual consortium meeting in the US or in Europe should also be submitted for each budget year. Typically a consortium meets twice in each year of the grant—once at the annual program meeting in the Fall and once at a separate meeting for the individual consortium. A minimum of one person from each partner institution/organization should attend each of the two meetings. Stipends for teaching exchanges (maximum \$3000 transportation and living expenses) must be listed under travel. The name of the person and location for the teaching exchange is not required. Travel costs for consultants must be listed under the consultant line. A note should be added to the budget explaining travel costs.

Supplies: Enter amounts for supplies such as software, printing, and copies.

**Consultant:** Consultant costs, including travel, are generally listed in the summary budget. If a subcontractor proposes to conduct separate consulting/evaluation, those costs may be entered here. You may use a daily rate of \$350-\$500. Specify the number of days of service and the daily rate. Subcontractors for one and two-year projects may also budget accordingly for a consultant. A consortium evaluation plan and the reporting of results are a requirement of the grant.

Other: Additional costs may be entered on this line.

**Subtotal for administrative costs**: Enter the subtotal of all administrative costs.

**Language and Mobility Stipends**: These totals are entered on the lead partner budget only. Leave blank.

**Indirect Costs**: The U.S. Department of Education uses a training rate of 8% for grants in the EC-US Program. The 8% training rate applies to all subcontracting partners in the consortium.

**Total requested from FIPSE**: Enter the totals for each column. The figures should be included on line five (5) of the US Lead Partner Budget.

#### **ASSURANCES - NON-CONSTRUCTION PROGRAMS**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503

## PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

**Note:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

- 1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management, and completion of the project described in this application.
- Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- 4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
- 6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. . 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. . 794), which prohibits discrimination on the basis of

- handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. . . 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. . . 290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (i) the requirements of any other nondiscrimination statute(s) which may apply to the application.
- 7. Will comply, or has already complied, with the requirements of Titles II and III of the uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
- 8. Will comply, as applicable, with the provisions of the Hatch Act (5 U.S.C. \_\_1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. . . 1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. . . 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

- 12 Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. . . 1721 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. . . 4801 et seq.) which prohibits the use of lead- based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, □Audits of States, Local Governments, and Non-Profit Organizations.□
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED

### CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 34 CFR Part 82, "New Restrictions on Lobbying," and 34 CFR Part 85, "Government-wide Debarment and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Education determines to award the covered transaction, grant, or cooperative agreement.

#### 1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 34 CFR Part 82, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 34 CFR Part 82, Sections 82.105 and 82.110, the applicant certifies that:

- (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

### 2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

As required by Executive Order 12549, Debarment and Suspension, and implemented at 34 CFR Part 85, for prospective participants in primary covered transactions, as defined at 34 CFR Part 85, Sections 85.105 and 85.110--

- A. The applicant certifies that it and its principals:
- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (2)(b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transaction (Federal, State, or local) terminated for cause or default; and
- B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

### 3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.605 and 85.610 -

- A. The applicant certifies that it will or will continue to provide a drug-free workplace by:
- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an on-going drug-free awareness program to inform employees about:
- (1) The dangers of drug abuse in the workplace;
- (2) The grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an

employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide

notice, including position title, to: Director, Grants Policy and Oversight Staff, U.S. Department of Education, 400 Maryland Avenue, S.W. (Room 3652, GSA Regional Office Building No. 3), Washington, DC 20202-4248. Notice shall include the identification number(s) of each affected grant;

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
- B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address. city, county, state, zip code)
Check I 1 if there are workplaces on file that are not identified

### DRUG-FREE WORKPLACE (GRANTEES WHO ARE INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.605 and 85.610-

- A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and
- B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: Director, Grants Policy and Oversight Staff, Department of Education, 400 Maryland Avenue, S.W. (Room 3652, GSA Regional Office Building No. 3), Washington, DC 20202-4248. Notice shall include the identification number(s) of each affected grant.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

NAME OF APPLICANT	PR/AWARD NUMBER AND / OR PROJECT NAME
PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
SIGNATURE	DATE

Mailing Address and date for submission: U.S. Department of Education FIPSE ATTN: 84.116J	Remember: Applications must be postmarked March 28, 2003
Three additional copies of the title page	
Assurances and Certifications, Equitable Access,	Intergovernmental Review
Endorsement letter from each US and EC partner	<del>.</del>
Work plan and student mobility chart	
Summary Budget and Subcontract Budgets	
Personnel information (limit 1page per person)	
Partner identification forms	
Proposal narrative	
One-page summary	
Table of Contents	
Title page (on top of each copy)	
	PLICATION PACKAGE: person) must includes one (1) original and two (2) rs or folders), have consecutively numbered pages, and
Intergovernmental review copy has been sent to t	the appropriate State education contact person
Equitable Access statement has been completed	
Assurance and Certification forms have been sign	ned and completed
Work plan, student mobility chart, budget, and pe	ersonnel information are completed
Each EC and US partner institution has received signed endorsement letters	a copy of the proposal and has provided
Proposal narrative has been signed	
EC and US partner identification forms have been	n completed
Title page has been completed, signed and dated	by an authorized official

Application Control Center, Room 3671, ROB-3 7th and D Streets, SW. Washington, DC 20202-4725

or delivered in person by 4:30 p.m. ET that day.